

**LOUISIANA'S START SAVING PROGRAM**  
**ROLLOVER OR TRANSFER DEPOSIT FORM**

START Saving Program  
PO Box 91271  
Baton Rouge, LA 70821-9271

Telephone: 1-800-259-5626, Ext. 1012  
Internet: [www.startsaving.la.gov](http://www.startsaving.la.gov)  
Fax: (225) 922-1488

**SECTION A: START ACCOUNT THAT WILL RECEIVE THIS ROLLOVER OR TRANSFER DEPOSIT:** (This form must be completed by the Account Owner)

Account Owner's Name: \_\_\_\_\_

Account Owner's SSN: \_\_\_\_\_

Beneficiary's Name: \_\_\_\_\_

Beneficiary's SSN: \_\_\_\_\_ Account Number: \_\_\_\_\_

Note: If this is a new account, a completed Account Application and Owner's Agreement must accompany this form.

**SECTION B: ROLLOVER OR TRANSFER INFORMATION. Use one form for each deposit. Check only one box that describes your deposit and enter the information requested:**

☐ **ROLLOVER OF PROCEEDS FROM ANOTHER 529 PLAN:**

Name of the 529 Plan: \_\_\_\_\_

Plan's Mailing Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Account No.: \_\_\_\_\_

Account Owner's Name: \_\_\_\_\_

Account Owner's SSN: \_\_\_\_\_

Beneficiary's Name: \_\_\_\_\_

Beneficiary's SSN: \_\_\_\_\_

Total Amount of Rollover: \$\_\_\_\_\_ Amount of Principal Included: \$\_\_\_\_\_ Amount of Earnings Included: \$\_\_\_\_\_

**Note:** To be considered a qualified rollover from another 529 Plan, the rollover must be completed within 60 days of the date of distribution from the original 529 Plan. The Beneficiary of the rollover account must be the same as the Beneficiary of the original account or must be a "Member of the Family" as defined in IRC Section 529. Consult with your tax advisor concerning steps that must be taken to qualify this deposit as a rollover under IRC Section 529.

☐ **TRANSFER OF PROCEEDS FROM A COVERDELL EDUCATION SAVINGS ACCOUNT**

You MUST attach a statement from the financial institution that acted as trustee/custodian of the Coverdell Account showing the contributions you made and the earnings in the account.

Total Amount of Transfer \$\_\_\_\_\_ Amount of Principal Included: \$\_\_\_\_\_ Amount of Earnings Included: \$\_\_\_\_\_

☐ **TRANSFER OF PROCEEDS OF A QUALIFIED U. S. SAVINGS BOND (SERIES EE OR SERIES I, ISSUED AFTER 1989)**

You MUST attach an account statement or Form 1099-INT issued by the financial institution that redeemed the bonds to show interest from the redemption.

Total Amount of Transfer \$\_\_\_\_\_ Amount of Principal Included: \$\_\_\_\_\_ Amount of Earnings Included: \$\_\_\_\_\_

☐ **TRANSFER OF PROCEEDS FROM AN EXISTING UGMA/UTMA CUSTODIAL ACCOUNT**

Check the box above only if you are funding this account with assets from an existing Uniform Gifts to Minors Act/ Uniform Transfers to Minors Act (UGMA/UTMA) custodial account. If so, the minor named on the UGMA/UTMA custodial account and the Beneficiary named on this account must be the same. The START Saving Account will continue to be subject to provisions of state law governing UGMA/UTMA transfers. The Earnings Enhancements made to this account will be paid at the rate paid on those accounts whose owners have a Federal Adjusted Gross Income of \$100,000 or more.

Total Amount of Transfer \$\_\_\_\_\_

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**SECTION C: ACCOUNT OWNER'S CERTIFICATION, ACKNOWLEDGEMENT AND AUTHORIZATION:**

Neither the Louisiana Tuition Trust Authority nor the START Saving Program renders any opinion as to whether the transfers requested herein comply with applicable federal or state law. You are advised to consult with your legal/tax advisor to ensure compliance with such laws to avoid any penalty that may be due for failure to comply. By signing this form and submitting it to the START Saving Program, I authorize the START Saving Program to make the rollover or transfer as authorized herein; I certify that all of the information in this form is true, complete and correct; and I take full responsibility for complying with all state and federal laws relative to this rollover/transfer deposit.

Account Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_